

<b>Case Number:</b>	CM14-0010761		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43-year-old man with a date of injury of 8/20/12. The mechanism of injury occurred at work when he was welding and hot liquid metal fell on left foot and splattered, and dropped inside his left boot, burning the top of his foot and tibia. The patient panicked, tripped and fell backwards, hitting his back on a welding machine and then fell to the floor. On 12/16/13, he complained of chronic low back pain and left foot pain. He had spasms across the lower back and occasional pain, which radiates from the lower back down the left leg into the foot. On exam there was diffuse spasm to palpation across the lower back, extending down the left side, greater than the right and is worse in the flexed position versus the neutral position. The diagnostic impression is low back pain and myalgia, rule out disc disease and herniated disc, ankle pain and possible peripheral neuropathy. Treatment to date: physical therapy, medication management. A UR decision dated 12/23/13, denied the request for hydrocodone and APAP 5-325mg. The most current note provided on 10/13, stated the patient complained of low back pain, radicular pain, and left foot pain. His functional response to the medication, hydrocodone and APAP, was not adequately documented and current MD notes with details regarding the patient's objective and functional response with the use of hydrocodone and APAP, is needed to adequately support and review the request for continued use.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**HYDROCODONE APAP 5-325MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is lack of information provided with regards to functional improvement or continued analgesia with the use of opiates. There was no documentation of lack of adverse side effects or aberrant behavior. There is no documentation of a pain contract and a urine drug screen was not provided. In addition, there is no quantity of hydrocodone/APAP 5/325mg tablets provided. Therefore, the request for Hydrocodone APAP 5-325mg was not medically necessary.